



Montana Department of Transportation
Motor Carrier Services Division
PO Box 4639
Helena MT 59604-4639
(406) 444-6130

Do Not Write in this Space

MT License #:

IFTA License #:

International Fuel Tax Agreement (IFTA)

New Carrier Application

USDOT# Required: _____

1. Registrant Name: Trade Name (DBA)			8. Business Federal Employer ID #																																																														
2. Mailing Address - Line 1			5. Physical Address - Line 1 (If Different from Mailing Address)																																																														
3. Mailing Address - Line 2			6. Physical Address - Line 2																																																														
4. City	State	Zip Code	7. City	State	Zip Code																																																												
9. Business Phone #		10. Major Source of Business Income (Optional)																																																															
11. 'X' Type of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other		12. Social Security #		13. Identify Owners, Partners, or Corporate Officers																																																													
		Social Security #		Name and Address																																																													
14. Do you maintain bulk storage in Montana? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
15. List Other States Where Bulk Fuel is Maintained:																																																																	
16. The Jurisdictions in which you operate: ('X' all that apply)																																																																	
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17. Fuel Decals for IFTA Units – Decal Fees must be sent with this application. Number of vehicles requiring fuel decals _____ x \$2.00 = _____																																																																	

I certify with my signature that to the best of my knowledge the information and statements on this application are true and correct. I agree to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax agreement and Montana State Statutes. I Further agree that Montana may withhold any refunds due me if I become delinquent in payment of fuel taxes, whether due Montana or any IFTA member state. I also understand that failure to comply with these provisions shall be grounds for revocation of my fuel tax license(s).

See Reverse for Instructions

Reverse Must be Completed

Authorized Signature

Date

Title

<p>18. Select one of the following that reflects your principal usage of motor fuel in Montana:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Trucking <input type="checkbox"/> Farming <input type="checkbox"/> Logging <input type="checkbox"/> Busing <input type="checkbox"/> Mining </div> <div style="width: 45%;"> <input type="checkbox"/> Drilling <input type="checkbox"/> Seismograph <input type="checkbox"/> Construction – Public Road <input type="checkbox"/> Construction – Other <input type="checkbox"/> Other _____ </div> </div>	<p>19. List the number of each type of equipment in which you use motor fuel in Montana:</p> <div style="margin-left: 40px;"> _____ Semi Tractors _____ Trucks – 1 Ton or More _____ Pickup Trucks, Cars _____ Buses _____ Backhoes _____ Heavy Equipment _____ Other: _____ </div>
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INSTRUCTIONS FOR COMPLETING IFTA APPLICATION

USDOT number (contact (202) 366-9805 or visit www.usdotnumberregistration.com)

1. **Registrant name:** Name of owner for business as listed on your IRP application.
and/or Trade name: Name in which you are doing business, if different than your registrant name. This should be the same as the DBA name on your IRP application.

- 2-4. **Mailing Address:** This must be your complete mailing address. All forms, licenses and correspondence will be sent to this address.

- 5-7. **Location Address:** Fill in this address only if your physical address is different than your mailing address.

8. **Business Federal ID Number:** Enter your federal identification number. If the business is a sole proprietorship with no employees and is not required to have a federal ID number, the owner's Social Security Number must be entered.
 NOTE: When changing FEIN numbers and ownership a new license is required. This is the carrier's responsibility to notify the department.

9. **Business Phone Number:** Telephone number of the person that can be reached concerning information about your license and reports.

10. **Major Source of Business Income:** Indicate main business activity.

11. **"X" Type of Organization:** Indicate which type of ownership best describes your business.

- 12-13. **Identify Owner, Partners or Corporate Officers:** Identify owner if individual ownership, Partners if a partnership, or officers if a corporation. Include social security number(s), name, address, and telephone number of each person listed.

14. **Do You Maintain Bulk Storage in Montana:** Indicate whether or not you have tax-free bulk fuel storage available to you in Montana.

15. **Other States Where Bulk Fuel is Maintained:** List all states where you have tax-free bulk fuel storage.

16. **The Jurisdictions in Which You Operate:** Mark an "X" next to each jurisdiction in which you intend to operate your vehicle(s). Mark the ALL block if you will be operating in all the jurisdictions listed.

17. **Number of Vehicles Requiring IFTA Decals:** Indicate number of IFTA qualified vehicles requiring decals. You will be sent 2 decals per vehicle. Payment of \$2.00 per set of decals must accompany your application.

18. **Select One of the Following That Best Reflects Your Principal Usage of Diesel Fuel in Montana:** Check the box that best describes your principal use of diesel fuel.

19. **List the Number of Each Type of Equipment in Which You Use Diesel Fuel in Montana:** Indicate the number of each type of diesel-powered vehicle that you have on the list.

AUTHORIZED SIGNATURE AND DATE MUST BE COMPLETED IN ORDER TO PROCESS THE APPLICATION.